

**INTERSTATE APPLICATION**

Complete this form and attach the following:

copy of identification with current name & social security number (for example: driver's license, social security card)
non-refundable application **fee of \$20.00 (check, money order or certified check).**

The candidate must be listed as current or active on the other state's registry to be eligible to sit for the Kansas Nurse Aide test. Any candidate who is not sure of his/her status on another state's registry is advised to contact that registry prior to applying. A directory of state registries is included for this purpose.

Candidate Information

Name _____
Last First MI Other (maiden/surname)

Social Security Number _____ - _____ - _____ **Birth date** ____/____/____ **Sex** ____ Male ____ Female

Home Address _____
Street City State Zip code

Phone Number: Home () _____ Work () _____

Please mark the highest level of education completed:

- | | | |
|---|--|---|
| <input type="checkbox"/> (N) No High School Diploma | <input type="checkbox"/> (D) Diploma RN | <input type="checkbox"/> (M) Master's Degree |
| <input type="checkbox"/> (H) High School Diploma or GED | <input type="checkbox"/> (A) Associate Degree | <input type="checkbox"/> (E) Education Specialist |
| <input type="checkbox"/> (L) Licensed Practical Nurse | <input type="checkbox"/> (B) Bachelor's Degree | <input type="checkbox"/> (P) PhD |

Certification Information

Original Certificate # _____ State Issued By _____

Date Issued ____/____/____ Certificate Expiration Date ____/____/____

List all states in which you have been employed as a nurse aide with the most recent first:

Check Test Site Preference:

____ Arkansas City	____ Dodge City	____ Independence	____ Overland Park
____ Atchison	____ El Dorado	____ Iola	____ Parsons
____ Burlingame	____ Emporia	____ Kansas City A	____ Pratt
____ Chanute	____ Fort Scott	____ Kansas City CC	____ Salina
____ Coffeyville	____ Garden City	____ Liberal	____ Topeka
____ Colby	____ Great Bend	____ Manhattan	____ Wichita
____ Concordia	____ Hutchinson	____ Merriam	

Candidate's Signature

I do hereby attest that the information supplied in this application and any attachments is accurate and complete to the best of my knowledge. I do hereby give permission to the department to verify any information provided in this application and any attachments. Attached is my \$20.00 certification application fee and copy of identification with my current name and social security number (such as, social security card, driver's license, W-2, etc.)

Candidate's Signature

Date

Return this form and attachments to:
Health Occupations Credentialing, KDHE
Signature Bldg. 1000 SW Jackson Ste 200
Topeka KS 66612-1365

KDHE USE ONLY:	Approval Date	Test Date
-----------------------	---------------	-----------

CANDIDATES, Please Note:

1. You will receive an "Approval to Test" notice with the date and time of test. This will allow a nursing facility to employ you as a Nurse Aide Trainee II for a **single** four month period beginning on the initial approval date on the bottom of your "Approval to Test" notice. The trainee II period is one time only, and the initial approval will not change.
2. You must present two forms of Identification, with one being picture I.D., to be admitted to test.
3. You must be able to provide your social security number on the test for identification.
4. **You must be on time.**
5. If you are late, or fail to appear at your scheduled test, you must call (785) 296-1250 to request a rescheduling form which requires an additional fee of \$20.00.
6. If a special accommodation is needed, you **MUST** submit the candidate's "Accommodation Request Evaluation Form" with this application
7. Nurse aide certificates are issued to those who achieve a score of at least seventy percent (70%) on the nurse aide test, 3-4 weeks after the test date.
8. The nurse aide test may be taken **only one time** based on certification in another state. Any candidate who fails the test on the first attempt **must enroll in a state-approved nurse aide training course**. You then have two remaining opportunities to pass the test within one year from the endorsement approval date designated above.
9. Test scores may be requested by writing to the address listed below.

**Health Occupations Credentialing, KDHE
Curtis State Office Bldg. 1000 SW Jackson, Ste 200
Topeka, Kansas 66612-1365
(785) 296-1250**

Web site: www.kdhe.state.ks.us/hoc